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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/685,357
Filing Date	October 14, 2003
First Named Inventor	Nathaniel
Art Unit	3732
Examiner Name	Doan
Attorney Docket Number	2165.000001

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Hollstein Keating Cattell Johnson & Goldstein P.C.				
Address	Willow Ridge Executive Office Park 750 Route 73 South, Suite 301				
City	Marlton	State	NJ	Zip	08053
Country	USA				
Telephone	856-810-8860	Email	sgoldstein@hollsteinkeating.com		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Michele Nathaniel		
Date	July 25, 2005	Telephone	215-669-6901

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035
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**POWER OF ATTORNEY
and
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INDICATION FORM**

Application Number	10/685,357
Filing Date	October 14, 2003
First Named Inventor	Nathaniel
Title	Hair Clip Assembly
Art Unit	3732
Examiner Name	Doan
Attorney Docket Number	2165.00001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Stuart M. Goldstein	28817

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	July 25, 2005
Name	Michele Nathaniel	Telephone	215-669-6901
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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